Foreign Visitor Information Sheet
(Please TYPE OR PRINT)

First Name: _____

Middle Name or Initial or NMI (No Middle Initial):_____

Last (or Family) Name. _____

U.S. Social Security Number (if applicable): _____

Are you a Permanent Resident Alien (Greencard Holder):No___   Yes ___

If Yes, Nurnber_____

Date issued (mm/dd/yyyy): _____

Expiration Date (mm/dd/yyyy): _____

Country of Citizenship**:** _____

Date of Birth: Month_____ Day_____ Year_____

Country of Birth:_____ City of Birth:_____

Permanent Home Address:

_____

NASA Installation to be visited: _____

NASA Point of Contact: _____

Planned dates of visit (inclusive): _____

<u>Affiliation or Employer:</u>

Institution or Company Name:_____

Street Address: City: _____

State/Country: _____

Zip Code: _____

Title or Position and Duties:

_____

Phone Number:_____

Fax Number:_____

E-mail Address: _____

<u>U.S. Visa Information:</u>

U.S. Visa Type (e.g.; B-1/B-2, H-IB, J-1, F-1, etc) _____

Visa Expiration Date (mm/dd/yyyy):_____

if J-1, name of U.S. Program Sponsor (attach IAP-66): _____

<u>Passport, Information:</u>

Country of Issue: _____

Passport Number: _____

Passport Exporation Date (mm/dd/yyyy):_____